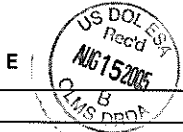


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6243</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Myra</u> - <u>Glassman</u> P.O. Box, Bldg., Room No., if any <u>2nd Floor</u> Street <u>650 S. Clark - 2nd Floor</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60605</u>	4. Name, file number, and address of labor organization. Name <u>SEIU Local 880</u> Labor Organization File Number <u>515963</u> P.O. Box, Building and Room Number, if any <u>2nd Floor</u> Street <u>650 S. Clark</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60605</u>
5. Position in labor organization. <u>Field Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Addus Healthcare, Inc.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>Suite 1210</u> Street <u>14 E. Jackson</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60604</u>	7.a. Nature of Interest, Transaction, or Income. <u>Quarterly Labor-Management meetings to discuss issues arising as a result of labor-management relations. Refreshments were provided half the time by employer, half the time by Union</u> 7.b. Amount. <u>\$50/year</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Myra Glassman</u>	On <u>8.11.05</u> <u>312.939.7490</u> Date Telephone Number

Name of Person Filing

Myra Glassman

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Dowd, Block & Bennett

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

19th Floor

Street

8 S. Michigan

City

Chicago

State

IL

ZIP Code + 4

60603

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

law firm - provides legal services to union

11.b. Approximate dollar value of such dealing.

\$25,000 to \$50,000/yr.

12.a. Nature of interest held or income received.

can of popcorn at holidays

12.b. Amount.

\$27⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Myra Glassman	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Unital Coffee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 460 Lively Blvd.

City Elk Grove Village

State IL ZIP Code + 4 60007

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

brother, Michael Glassman,
provides coffee service to
Union

11.b. Approximate dollar value of such dealing.

\$250⁰⁰

12.a. Nature of interest held or income received.

none to me individually

12.b. Amount.

-0-

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.